

# LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

## Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

Lobbyist's Registration Number

FOR OFFICE USE ONLY

Postmark Date: 03/07/05

LSUPP

SCANNED

MAR 6 2005

By: [Signature]

10503

2005 MAR -7 PM 2:03

ETHICS STATION  
CAPITAL FINANCE  
RECEIVED

1. NAME Moseby Katherine B MI  
Last First MI

2. BUSINESS PHONE 504-837-1171

3. BUSINESS ADDRESS 2450 Severn Ave Suite 210 Metairie, LA 70001  
Street and No. City State Zip

MAILING ADDRESS Same City State Zip  
Street and No.

4. EMPLOYER Metropolitan Hospital Council of New Orleans

5. EMPLOYER'S ADDRESS Same City State Zip  
Street and No.

6. Have you ceased or terminated all lobbying activities requiring registration? Yes X No

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Metropolitan Hospital Council of New Orleans  
Address 2450 Severn Ave Suite 210 Metairie, LA 70001  
Business or purpose Hospital & Health Care Issues

X New Representation  
Does this person pay you? yes

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

HAND DELIVERED

# SUPPLEMENTAL REGISTRATION FORM

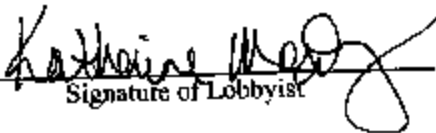


2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
☐ New Representation  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_  
☐ Terminated Representation as of \_\_\_\_\_

3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
☐ New Representation  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_  
☐ Terminated Representation as of \_\_\_\_\_

## CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

  
Signature of Lobbyist